FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza New York, NY 10112-3801 (212) 218-2100

Facsimile:(212) 218-2200

RECEIVED
CENTRAL FAX CENTER
DEC 0 3 2004

FACSIMILE COVER SHEET

TO:	U.S. Patent and Tradema	ark Office		
FROM:	Lawrence S. Perry			
RE:	U.S. Application No.: 09/554,933 Our Ref. 01997.013400			
FAX NO.:	(703) 872-9306			•
DATE:	December 3, 2004	NO. OF PAGES: (including cover page)	2	
TIME:		SENT BY:		

MESSAGE

IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL 212-218-2100 AS SOON AS POSSIBLE

Note: We are transmitting from a Canon Model FAX-L770 (compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY HE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINALTO US AT THE ABOVE ADDRESS. THANK YOU.

CHANGE OF

CORRESPONDENCE ADDRESS

09/554.933

August 21, 2000

CETCUT V ATO

PTD/SB/122 (09-04)
Approved for use through 07/31/2008. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number.

Filing Date

Application Number

Application	First Named Inventor	SEISHI KATO	
- 11	Art Unit	1647	
Address to: Commissioner for Patents P.O. Box 1450	Examiner Name	Jegatheesan Seharaseyon	
Alexandria, VA 22313-1450	Attorney Docket Number	01997.013400	
Please change the Correspondence Ac The address associated with Customer Number:	Idress for the above-identified patent application of the above-identified patent application applicatio	ation to:	
OR Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		
This form cannot be used to change the data associated with an existing Custor	e data associated with a Customer Number mer Number use "Request for Customer Nu	To change the mber Data Change" (PTO/SB/124).	
(am the:			

Typed or Printed awrence S. Perry Name Telephone (212) 218-2100 December 3, 2004

Assignee of record of the entire interest.

NOTE Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 31,865

executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

forms if more than one signature is required, see below

forms are submitted.

 \mathbf{x}

Signature

Applicant/Inventor

Total of This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidendally is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time wile vary depending upon the incidedual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450, DO NOT SPND FEEB OR COMPLETED FORMS TO THIS DEPOLICE.

Registered practitioner named in the application transmittal letter in an application without an

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

D	refects in the images include but are not limited to the items checked:
	□ BLACK BORDERS
	☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
	☐ FADED TEXT OR DRAWING
	☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
	SKEWED/SLANTED IMAGES
	☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
	GRAY SCALE DOCUMENTS
	☐ LINES OR MARKS ON ORIGINAL DOCUMENT
	☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
	OTHER:

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.